

Date: _____

Field Trip Permission

I _____, give my permission for my child
Print Parent or Guardian's Name Here
_____, to go with his/her class on all field trips.
Print Child's Name Here

I give this consent with the understanding that I will be notified in writing, prior to each field trip, of the time and location of each trip. I will have the authority at that time to deny my child consent to participate if I deem it necessary.

- All fees for field trips are included with the material fee at the time of enrollment.
- I understand, that should my child be required by the state of Virginia to use a car seat, that I must provide the seat on all field trips.

Signature of Parent or Guardian

Gymnastics Release

My child, _____, has permission to attend gymnastics at Community Presbyterian Preschool. I agree to hold Community Presbyterian Church/Preschool and its staff harmless of liability.

Signature of Parent or Guardian

*If your child has any medical conditions, such as asthma or a physical disability that would inhibit them from participating, please discuss this with the Director.

Student Directory

We will compile a class roster, which may be helpful to you during the year. Are you willing for your child's name, address and phone number to be included on the roster which will be sent home with your child's classmates, upon request? _____ Yes _____ No

Signature of Parent or Guardian

Email Notification

_____ Yes, please add our email address: _____
to receive the monthly preschool newsletter and any other notifications from the office.
Your email will not be shared with any other source and will only be used for the purpose of passing along schedule/activity related information from the director.

_____ No, I/we prefer not to be contacted by email.

Student Media Inclusion: Occasionally we will share student photos, class photos, candid shots, video, on the church web site or the Preschool's Facebook page. Children's names will not be included in any of the media.

TUITION CONTRACT

Dear Parents of Community Presbyterian Preschoolers:

In order to ensure that our rates remain affordable, please be advised of the following conditions:

1. Tuition is based on an annual fee which may be paid in 10 monthly installments.
2. The first payment is due August 15, 2015 and the final payment will be due on May 15, 2016. If you are enrolling after the first day of school, your first payment will be due on the first day your child attends school and may be pro-rated depending on the day of enrollment.
3. All payments received after the 20th of the month, must include a \$5.00 late fee. For each 10 days thereafter an additional \$5.00 fee will be added to your account.
4. Full monthly installment is due regardless of attendance or school schedule.
5. Checks should be made payable to "Community Presbyterian Preschool" or "C.P.P" and may be delivered to your child's teacher or given to the Director.
6. A \$12.00 fee will be assessed on any check returned for any reason.
7. Should a child withdraw from the roll, partial month's tuition payments and material fees will not be refunded.
8. ANY questions regarding payments, amount due, or other concerns must be brought to the attention of the Director prior to the due date.
9. The Director and/or Treasurer have discretion over all money matters.

Please sign the bottom portion and return with your Registration Form.

Tuition Contract:

I have read and understand the above terms and agree to adhere to the policies of Community Presbyterian Preschool as outlined above.

____ I will pay the annual tuition fees by August 15, 2015.

____ I will pay tuition in 10 monthly installments beginning August 15, 2015.

Signature of Parent or Guardian

Date

Child's Name PRINTED

**Community Presbyterian Preschool
Identity Verification Form**

This information is required by Virginia State Law effective July 1, 1998. This form must be completed and on file in the Preschool office within 7 business days of the start of school.

Today's Date: _____

Child's Name: _____ Child's Date of Birth: _____

Type of proof presented (must be one of the following):

_____ Birth certificate (must be a certified copy) or birth registration card
State: _____ Date Issued: _____
Birth certificate number: _____

_____ Birth record/notification (hospital, physician or midwife record):
State: _____ Issuing agency/individual: _____

_____ Passport Issuing country: _____
Passport number: _____ Date Issued: _____

_____ Placement agreement/record from agency: _____ Date Issued: _____
Issuing agency: _____ Case/Registration # _____

Previous Schools and/or Day Care Centers Attended:

Name: _____
Location: _____

Name: _____
Location: _____

Signature of responsible party providing information: _____

Signature of Preschool Director/Assistant Director: _____